

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: MENHOLT AUTOMOTIVE GROUP 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): MENHOLT AUTOMOTIVE GROUP
Mailing address (include room, apt., suite no. and street, or P.O. Box): 3000 KING AVENUE WEST, BILLINGS, MT 59102
2b Employer Identification Number (EIN): 81-0449357
2c Plan Sponsor's telephone number: 406-896-3000
2d Business code (see instructions): 441110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	496
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	471
	6a(2)	499
	6b	3
	6c	25
	6d	527
	6e	0
	6f	527
	6g(1)	216
6g(2)	236	
6h	76	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3B 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MENHOLT AUTOMOTIVE GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MENHOLT AUTOMOTIVE GROUP	D Employer Identification Number (EIN) 81-0449357	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	504483-01	28	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	533993
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 367417

c Additions: (1) Contributions deposited during the year	7c(1)	28194	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	6135	
(4) Transferred from separate account	7c(4)	299437	
(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5)	4843	
(6) Total additions	7c(6)	338609	

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 706026

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8545	
(2) Administration charge made by carrier.....	7e(2)	617	
(3) Transferred to separate account	7e(3)	162871	
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions **7e(5)** 172033

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 533993

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MENHOLT AUTOMOTIVE GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MENHOLT AUTOMOTIVE GROUP	D Employer Identification Number (EIN) 81-0449357	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIRST INTERSTATE WEALTH MANAGEMENT

PO BOX 30918
BILLINGS MT
BILLINGS, MT 59116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	SCH H	34817	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SCH H	28713	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MENHOLT AUTOMOTIVE GROUP 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MENHOLT AUTOMOTIVE GROUP	D Employer Identification Number (EIN) 81-0449357

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	403779	453597
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	291001	250987
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16345139	20887892
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	367417	533993
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	17407336	22126469
Liabilities			
g Benefit claims payable.....	1g	72586	76291
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	72586	76291
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17334750	22050178

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	453598	
(B) Participants.....	2a(1)(B)	1479972	
(C) Others (including rollovers).....	2a(1)(C)	9269	
(2) Noncash contributions.....	2a(2)	0	1942839
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	21672	
(F) Other.....	2b(1)(F)	6135	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27807
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	697022
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	697022	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		697022
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	0
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1900384
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		4568052

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	550175	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		550175
f Corrective distributions (see instructions)	2f		84735
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	28713	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	34817	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		63530
j Total expenses. Add all expense amounts in column (b) and enter total	2j		698440

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3869612
l Transfers of assets:			
(1) To this plan	2l(1)		845816
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EIDE BAILLY

(2) EIN: 45-0250958

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MENHOLT AUTOMOTIVE GROUP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MENHOLT AUTOMOTIVE GROUP</u>	D Employer Identification Number (EIN) <u>81-0449357</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 84-1455663

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.



Financial Statements

December 31, 2024 and 2023

Menholt Automotive Group 401(k) Plan

Menholt Automotive Group 401(k) Plan

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December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator and Management of
Menholt Automotive Group 401(k) Plan
Billings, Montana

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Menholt Automotive Group 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Menholt Automotive Group 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Menholt Automotive Group 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Menholt Automotive Group 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Menholt Automotive Group 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Menholt Automotive Group 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters -Supplemental Schedule Required by ERISA

The supplemental schedule H, line 4i-schedule of assets held at end of year as of or for the year ended December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Eide Bailly LLP

Billings, Montana
May 27, 2025

Menholt Automotive Group 401(k) Plan
 Statements of Net Assets Available for Benefits
 December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value	\$ 20,887,892	\$ 16,345,139
Investments, at contract value	533,993	367,417
Notes receivable from participants	250,987	291,001
Employer contributions receivable	453,597	403,779
Total assets	22,126,469	17,407,336
Liabilities		
Excess contributions payable	76,291	72,586
Net Assets Available for Benefits	\$ 22,050,178	\$ 17,334,750

Menholt Automotive Group 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

Additions	
Investment income	
Interest and dividends	\$ 703,157
Net appreciation in fair value of investments	<u>1,900,384</u>
	<u>2,603,541</u>
Interest income on notes receivable from participants	<u>21,672</u>
Contributions	
Employer	453,598
Participant	1,479,972
Rollovers	<u>9,269</u>
	<u>1,942,839</u>
Total additions	<u>4,568,052</u>
Deductions	
Benefits paid to participants	634,910
Administrative expenses	<u>63,530</u>
Total deductions	<u>698,440</u>
Net Increase	3,869,612
Transfer from Billings Nissan 401(K) Plan	845,816
Net Assets Available for Benefits	
Beginning of year	<u>17,334,750</u>
End of year	<u><u>\$ 22,050,178</u></u>

Note 1 - Description of Plan

The following brief description of Menholt Automotive Group 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering qualified employees of Menholt Automotive Group and participating employers (collectively, the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and other third parties.

Eligibility

Employees of the Plan sponsor and participating employers are eligible to participate in the Plan if they have completed one year of service and are 20 years of age. A year of service for purposes of eligibility is a consecutive 12-month period during which the employee has 1,000 or more hours of service. Effective March 1, 2023, the Plan was amended and restated to reduce service requirement to 6 months of service.

Entry Date

Employees may enter the Plan once they satisfy the eligibility conditions.

Contributions

Each year, participants may contribute up to 100% of their pretax annual compensation, as defined by the Plan. Contributions are subject to Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). The Company match and non-elective contributions are discretionary and are allocated to participants who complete 1,000 hours of service during the Plan year and are employed on the last day of the Plan year. For the Plan year ended December 31, 2024, the Company matched 85% of the participant's elective deferrals up to \$2,550. Additional amounts may be contributed at the discretion of the Company. No such additional discretionary contributions were made for the year ended December 31, 2024.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's discretionary matching contributions, as well as allocations of the Company's discretionary non-elective contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's compensation, account balances, or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct deferrals and employer contributions in any of the funds covered by the Plan. Participants may change their investment options daily.

Vesting

Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Vesting is based on years of credited services as set forth in the following table:

<u>Participants' Years of Service</u>	<u>Vested Percentage</u>
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeitures

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$4,794 and \$39, respectively. These accounts will be used to first reduce the Plan's ordinary and necessary administrative expenses for the Plan year. Any remaining forfeitures are used to reduce employer contributions for the year. If there are no employer contributions to offset, the forfeitures will be annually re-allocated to participants as additional employer contributions. During the year ended December 31, 2024, no forfeited non-vested accounts were used.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes are secured by the balance in the participant's account. The loan interest rate, determined at the time the note is taken, is set at 1% above the prime rate. Interest rates range from 4.25% to 9.5%. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, unless the proceeds of the loan were used to acquire the participant's residence, in which case the loan can range up to 15 years. A participant may have no more than one outstanding loan at a time.

Payment of Benefits

Participants may elect to receive either a lump-sum amount equal to the value of their vested interest or annual installments as defined in the Plan document upon retirement, termination of service, death, or disability. A terminated employee with a balance of less than \$1,000 may be automatically paid out by the Plan upon termination. Any terminated participants with a balance between \$1,000 and \$5,000 can still be automatically paid out if their balance is rolled into a qualified Individual Retirement Account. Distributions may be made at the participant's election prior to termination upon attainment of age 59 ½ or hardship as defined in the Plan document.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 2 - Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and other third parties. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

The classification of investment earnings reported above and in the statement of changes in net assets may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Contributions

Participant contributions and the related Company matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivables are reclassified as distributions based upon the terms of the Plan document.

Payments of Benefits

Benefits payments to participants are recorded upon distribution.

Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 20,887,892	\$ -	\$ -	\$ 20,887,892
Investments at fair value	\$ 20,887,892	\$ -	\$ -	\$ 20,887,892
	2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 16,345,139	\$ -	\$ -	\$ 16,345,139
Investments at fair value	\$ 16,345,139	\$ -	\$ -	\$ 16,345,139

Note 4 - Certified Information

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Trust Company, LLC/Empower Annuity Insurance Company, the custodian.

Note 5 - Tax Status

The Plan uses a pre-approved plan document sponsored by Great-West Trust Company, LLC, which received an opinion letter from the Internal Revenue Service (IRS), dated June 30, 2020, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6 - Contract with Insurance Company

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract (GIC) with Empower Annuity Insurance Company. Empower Annuity Insurance Company maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting. The GIC does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Because the GIC is fully benefit-responsive, contract value is the relevant measure for the GIC, as this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value as reported to the Plan by the Empower Annuity Insurance Company represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the investment contract at December 31, 2024 and 2023, was \$533,993 and \$367,417, respectively.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

A contract provision that might limit the ability of the Plan to transact at contract value with the issuer states that upon written notice of contract termination the Plan sponsor may elect the option of lump sum payment with a market value adjustment. This event is not probable of occurring in a manner that would limit the ability of the Plan to transact at contract value with the contract issuers or that would limit the ability of the Plan to transact at contract value with the participants.

In addition, the issuer may terminate the contract with the Plan and settle at an amount different from contract value if the Plan sponsor objects to fixed account modifications made by the issuer and approved by the applicable state insurance department.

Note 7 - Related Party and Party-in-Interest Transactions

Certain Plan investments consist of a traditional fully benefit-responsive guaranteed investment contract (GIC) managed by Empower Annuity Insurance Company, the custodian as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or global conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 9 - Plan Amendments

Effective July 11, 2024, the Plan was amended and restated to merge the Billings Nissan 401(k) Plan into the Plan.

Note 10 - Excess Contributions Payable

Amounts payable to participants for contributions in excess of nondiscrimination provisions are recorded as a liability with a corresponding reduction to contributions. The amount of excess contributions was \$76,291 and \$72,586 for the years ended December 31, 2024 and 2023, respectively.

Note 11 - Plan Merger

During 2024, Billings Nissan became a participating employer of the Plan. The Billings Nissan 401(K) Plan merged into the Menholt Automotive Group 401(k) Plan effective July 11, 2024. Assets of the Billings Nissan 401(K) Plan totaling \$845,816 were transferred to the Plan during 2024.

Note 12 - Subsequent Events

Effective January 1, 2025, the Plan was amended and restated to allow in-plan Roth rollovers.

The Plan Sponsor has evaluated subsequent events through May 27, 2025, the date which the financial statements were available to be issued.



Supplementary Information
December 31, 2024

Menholt Automotive Group 401(k) Plan

Menholt Automotive Group 401(k) Plan
Schedule H, Line 4i – Schedule of Assets Held at End of Year
December 31, 2024
Plan: 001

EIN: 81-0449357

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Vanguard Target Retirement 2040 Inv	Mutual Fund	N/A	\$ 3,975,520	
JP Morgan Elarge Cap Growth	Mutual Fund	N/A	2,793,281	
Vanguard Target Retirement 2020 Inv	Mutual Fund	N/A	1,996,745	
Vanguard 500 Index Admiral	Mutual Fund	N/A	1,812,995	
Vanguard Target Retirement 2030 Inv	Mutual Fund	N/A	1,755,084	
Vanguard Target Retirement 2065 Inv	Mutual Fund	N/A	1,592,206	
JP Morgan Equity Income	Mutual Fund	N/A	1,265,552	
Vanguard Instl Target Retirement 2035 Inv	Mutual Fund	N/A	870,279	
Vanguard Target Retirement 2045 Inv	Mutual Fund	N/A	850,354	
Vanguard Target Retirement 2025 Inv	Mutual Fund	N/A	795,620	
Vanguard Small Cap Index Adm	Mutual Fund	N/A	659,569	
Vanguard Mid Cap Index Fund - Admiral	Mutual Fund	N/A	563,543	
Key Guaranteed Portfolio Fund	Fixed Annuities	N/A	533,993	
Vanguard Target Retirement 2050 Inv	Mutual Fund	N/A	503,378	
Vanguard Target Retirement 2060 Inv	Mutual Fund	N/A	366,013	
Hartford International Opportunities	Mutual Fund	N/A	296,021	
Vanguard Target Retirement Inc Inv	Mutual Fund	N/A	222,427	
Dodge & Cox Income	Mutual Fund	N/A	174,923	
Vanguard Total Bond Market Index Admiral	Mutual Fund	N/A	122,695	
Vanguard Target Retirement 2055 Inv	Mutual Fund	N/A	100,697	
DFA Global Real Estate Securities	Mutual Fund	N/A	54,864	
Federated Hermes Instl High Yield Bond IS	Mutual Fund	N/A	43,877	
DFA Emerging Markets I	Mutual Fund	N/A	37,812	
Vanguard Inflation-Protected Secs Adm	Mutual Fund	N/A	20,231	
* Vanguard Target Retirement 2070 Inv	Mutual Fund	N/A	7,483	
Vanguard Total Intl Stock Index Admiral	Mutual Fund	N/A	6,723	
* Notes Receivable from Participants	Maturing 2025-2036 at interest rates of 4.25% to 9.5%	\$ -	250,987	
			<u>\$ 21,672,872</u>	

* A party-in-interest as defined by the ERISA.

N/A – Not applicable for participant-directed plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Menholt Automotive Group 401(k) Plan

01-JAN-24 to 31-DEC-24

24-JAN-25 13:13:21

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IVTINX			228,914.47	222,426.57
IVTWNX			2,175,926.90	1,996,745.19
IVTTVX			806,954.01	795,619.68
IVTHRX			1,683,596.49	1,755,084.04
IVTTHX			823,732.93	870,278.80
IVFORX			3,673,798.24	3,975,520.15
IVTIVX			761,260.94	850,354.03
IVFIFX			459,523.94	503,377.97
IVFFVX			89,295.64	100,697.46
IVTTSX			339,008.99	366,012.98
IVLXVX			1,406,951.87	1,592,206.49
IVSVNX			7,192.87	7,482.60
IDFEMX			39,238.88	37,812.44
IHOVYX			279,371.34	296,021.45
IVTIAX			6,616.19	6,722.52
IDFGEX			55,387.62	54,864.22
IVSMAX			539,184.30	659,569.02
IVIMAX			400,121.29	563,543.08
IOEJEX			1,050,077.72	1,265,552.10
IJLGMX			1,977,862.44	2,793,280.58
IVFIAX			1,214,828.63	1,812,994.74
IDOXIX			174,939.86	174,922.93
IFHIBX			45,722.13	43,876.87
IVAIPIX			22,640.50	20,230.98
IVBTLX			132,847.59	122,695.12
IKGPGW		1.450	504,218.22	529,198.46
			18,899,214.00	21,417,090.47
PARTICIPANT LOANS			250,239.49	250,986.50
FORFEITURES			4,778.85	4,794.25

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 81-0449357

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IVTINX			Vanguard Target Retirement Income Inv	
IVTVX			Vanguard Target Retirement 2025 Inv	
IVTTHX			Vanguard Target Retirement 2035 Inv	
IVTIVX			Vanguard Target Retirement 2045 Inv	
IVFFVX			Vanguard Target Retirement 2055 Inv	
IVLXVX			Vanguard Target Retirement 2065 Inv	
IDFEMX			DFA Emerging Markets I	
IVTIAA			Vanguard Total Intl Stock Index Admiral	
IVSMAX			Vanguard Small Cap Index Adm	
IOIEJX			JPMorgan Equity Income R6	
IVFIAX			Vanguard 500 Index Admiral	
IVHBBX			Federated Hermes Instl High Yield Bd IS	
IVBTLX			Vanguard Total Bond Market Index Admiral	
IVTWNX			Vanguard Target Retirement 2020 Inv	
IVTHRX			Vanguard Target Retirement 2030 Inv	
IVFORX			Vanguard Target Retirement 2040 Inv	
IVFIFX			Vanguard Target Retirement 2050 Inv	
IVTTSX			Vanguard Target Retirement 2060 Inv	
IVSVNX			Vanguard Target Retirement 2070 Inv	
IIHOVX			Hartford International Opportunities R6	
IDFGEX			DFA Global Real Estate Securities Port	
IVIMAX			Vanguard Mid Cap Index Fund - Admiral	
IJLGMX			JPMorgan Large Cap Growth R6	
IDOXIX			Dodge & Cox Income X	
IVAIPIX			Vanguard Inflation-Protected Secs Adm	
IKGPGW			Key Guaranteed Portfolio Fund	

LEGEND

INVESTMENT OPTION:

- Vanguard Target Retirement Income Inv
- Vanguard Target Retirement 2025 Inv
- Vanguard Target Retirement 2035 Inv
- Vanguard Target Retirement 2045 Inv
- Vanguard Target Retirement 2055 Inv
- Vanguard Target Retirement 2065 Inv
- DFA Emerging Markets I
- Vanguard Total Intl Stock Index Admiral
- Vanguard Small Cap Index Adm
- JPMorgan Equity Income R6
- Vanguard 500 Index Admiral
- Federated Hermes Instl High Yield Bd IS
- Vanguard Total Bond Market Index Admiral

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2DGCXX	845,815.73	845,815.730000	1	(845,815.73)	(845,815.730000)	1	(845,815.73)	SERIES
3KPGW	4,724.97	0.000000	6	0.00	0.000000	0	0.00	SERIES
4KPGW	16.82	0.000000	1	0.00	0.000000	48	0.00	SERIES
IVTINX	43,781.48	3,294.774742	427	(3,465.43)	(263.219371)	117	(3,550.33)	SERIES
IVTWNX	310,137.51	11,431.137408	1041	(261,964.38)	(9,578.233300)	361	(278,481.50)	SERIES
IVTTVX	179,897.64	9,407.961554	521	(185,202.40)	(9,875.355534)	229	(187,863.09)	SERIES
IVTHRX	428,465.48	11,257.423122	923	(498,086.64)	(13,181.549606)	468	(477,166.28)	SERIES
IVTTHX	545,852.36	22,761.285927	575	(112,704.62)	(4,808.807982)	204	(108,683.80)	SERIES
IVFORX	801,038.08	18,732.140703	1610	(210,000.48)	(5,027.119515)	579	(196,830.38)	SERIES
IVTIVX	169,768.26	5,876.722646	545	(53,300.82)	(1,947.237906)	197	(51,124.92)	SERIES
IVFIFX	222,236.69	4,572.682764	814	(25,499.34)	(520.799148)	186	(22,643.57)	SERIES
IVFFVX	28,602.03	534.290160	351	(262.11)	(4.881194)	98	(235.70)	SERIES
IVTTSX	204,945.17	4,053.083375	750	(13,496.69)	(264.009596)	213	(12,756.38)	SERIES
IVLXXV	153,430.62	4,663.184539	774	(88,849.94)	(2,654.273197)	271	(79,040.72)	SERIES
IVSVNX	7,034.06	269.361629	61	(839.62)	(30.387959)	11	(778.48)	SERIES
IDFEMX	6,548.84	226.579354	192	(1,221.71)	(43.446475)	87	(1,310.40)	SERIES
IVTIAX	4,062.73	2,323.745651	564	(57,960.14)	(2,907.705125)	271	(51,810.85)	SERIES
IDFGEX	36,182.38	3,593.175086	228	(14.32)	(0.435603)	84	(13.26)	SERIES
IVSMAX	252,777.29	2,243.614543	944	(76,940.16)	(33,802.50)	195	(33,368.79)	SERIES
IVIMAX	79,139.71	256.855972	933	(66,104.64)	(740.802374)	365	(64,276.40)	SERIES
IOIEJX	258,778.61	10,533.260084	1476	(61,245.15)	(219.062477)	307	(51,267.41)	SERIES
IVJGMX	273,293.02	3,626.691832	1279	(114,852.47)	(2,492.666972)	352	(50,230.87)	SERIES
IVFIAX	602,729.88	1,264.388198	1059	(126,650.51)	(1,520.220235)	529	(89,963.88)	SERIES
IDOXIX	63,869.41	5,101.584370	597	(65,296.46)	(243.566673)	366	(95,214.44)	SERIES
IVAIPX	17,495.91	1,991.570694	382	(31,343.75)	(3,542.276482)	205	(32,389.24)	SERIES
IVBTIX	27,415.10	210.490641	76	(158.07)	(6.911210)	63	(179.46)	SERIES
IDGCXX	846,301.16	2,860.592759	608	(35,443.46)	(3,669.545157)	234	(36,556.49)	SERIES
IKPGW	327,732.25	0.000000	187	(846,301.16)	(846,301.160000)	86	(846,301.16)	SERIES
				(172,033.23)	0.000000	239	(172,033.23)	SERIES

LEGEND

INVESTMENT OPTION:

2DGCXX	Dreyfus Government Cash Mgmt Instl
4KPGW	Key Guaranteed Portfolio Fund
IVTWNX	Vanguard Target Retirement 2020 Inv
IVTHRX	Vanguard Target Retirement 2030 Inv
IVFORX	Vanguard Target Retirement 2040 Inv
IVFIFX	Vanguard Target Retirement 2050 Inv
IVTTSX	Vanguard Target Retirement 2060 Inv
IVSVNX	Vanguard Target Retirement 2070 Inv
IIHOVX	Hartford International Opportunities R6
IDFGEX	DFA Global Real Estate Securities Port
IVIMAX	Vanguard Mfid Cap Index Fund - Admiral
IVJGMX	JPMorgan Large Cap Growth R6
IDOXIX	Dodge & Cox Income X
IVAIPX	Vanguard Inflation-Protected Sees Adm
IDGCXX	Dreyfus Government Cash Mgmt Instl
3KPGW	Key Guaranteed Portfolio Fund
IVTINX	Vanguard Target Retirement Income Inv
IVTTVX	Vanguard Target Retirement 2025 Inv
IVTTHX	Vanguard Target Retirement 2035 Inv
IVTIVX	Vanguard Target Retirement 2045 Inv
IVFFVX	Vanguard Target Retirement 2055 Inv
IVLXXV	Vanguard Target Retirement 2065 Inv
IDFEMX	DFA Emerging Markets I
IVTIAX	Vanguard Total Intl Stock Index Admiral
IVSMAX	Vanguard Small Cap Index Adm
IOIEJX	JPMorgan Equity Income R6
IVFIAX	Vanguard 500 Index Admiral
IVFIHX	Federated Hermes Instl High Yield Bd IS
IVBTIX	Vanguard Total Bond Market Index Admiral
IKPGW	Key Guaranteed Portfolio Fund

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Menholt Automotive Group 401(k) Plan

01-JAN-24 to 31-DEC-24

24-JAN-25 13:13:21

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IVTINX			228,914.47	222,426.57
IVTWNX			2,175,926.90	1,996,745.19
IVTTVX			806,954.01	795,619.68
IVTHRX			1,683,596.49	1,755,084.04
IVTTHX			823,732.93	870,278.80
IVFORX			3,673,798.24	3,975,520.15
IVTIVX			761,260.94	850,354.03
IVFIFX			459,523.94	503,377.97
IVFFVX			89,295.64	100,697.46
IVTTSX			339,008.99	366,012.98
IVLXVX			1,406,951.87	1,592,206.49
IVSVNX			7,192.87	7,482.60
IDFEMX			39,238.88	37,812.44
IHOVYX			279,371.34	296,021.45
IVTIAX			6,616.19	6,722.52
IDFGEX			55,387.62	54,864.22
IVSMAX			539,184.30	659,569.02
IVIMAX			400,121.29	563,543.08
IOEJEX			1,050,077.72	1,265,552.10
IJLGMX			1,977,862.44	2,793,280.58
IVFIAX			1,214,828.63	1,812,994.74
IDOXIX			174,939.86	174,922.93
IFHIBX			45,722.13	43,876.87
IVAIPIX			22,640.50	20,230.98
IVBTLX			132,847.59	122,695.12
IKGPGW		1.450	504,218.22	529,198.46
			18,899,214.00	21,417,090.47
PARTICIPANT LOANS			250,239.49	250,986.50
FORFEITURES			4,778.85	4,794.25

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 81-0449357

504483-01 GA INVESTMENT OPTION MATURITY DATE INTEREST RATE COST OF ASSETS CURRENT VALUE

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IVTINX			Vanguard Target Retirement Income Inv	
IVTVX			Vanguard Target Retirement 2025 Inv	
IVTTHX			Vanguard Target Retirement 2035 Inv	
IVTIVX			Vanguard Target Retirement 2045 Inv	
IVFFVX			Vanguard Target Retirement 2055 Inv	
IVLXVX			Vanguard Target Retirement 2065 Inv	
IDFEMX			DFA Emerging Markets I	
IVTIAA			Vanguard Total Intl Stock Index Admiral	
IVSMAX			Vanguard Small Cap Index Adm	
IOIEJX			JPMorgan Equity Income R6	
IVFIAX			Vanguard 500 Index Admiral	
IVHBBX			Federated Hermes Instl High Yield Bd IS	
IVBTLX			Vanguard Total Bond Market Index Admiral	
IVTWNX			Vanguard Target Retirement 2020 Inv	
IVTHRX			Vanguard Target Retirement 2030 Inv	
IVFORX			Vanguard Target Retirement 2040 Inv	
IVFIFX			Vanguard Target Retirement 2050 Inv	
IVTTSX			Vanguard Target Retirement 2060 Inv	
IVSVNX			Vanguard Target Retirement 2070 Inv	
IIHOVX			Hartford International Opportunities R6	
IDFGEX			DFA Global Real Estate Securities Port	
IVIMAX			Vanguard Mid Cap Index Fund - Admiral	
IJLGMX			JPMorgan Large Cap Growth R6	
IDOXIX			Dodge & Cox Income X	
IVAIPIX			Vanguard Inflation-Protected Secs Adm	
IKGPGW			Key Guaranteed Portfolio Fund	

LEGEND

INVESTMENT OPTION:

- Vanguard Target Retirement Income Inv
- Vanguard Target Retirement 2025 Inv
- Vanguard Target Retirement 2035 Inv
- Vanguard Target Retirement 2045 Inv
- Vanguard Target Retirement 2055 Inv
- Vanguard Target Retirement 2065 Inv
- DFA Emerging Markets I
- Vanguard Total Intl Stock Index Admiral
- Vanguard Small Cap Index Adm
- JPMorgan Equity Income R6
- Vanguard 500 Index Admiral
- Federated Hermes Instl High Yield Bd IS
- Vanguard Total Bond Market Index Admiral

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2DGCXX	845,815.73	845,815.730000	1	(845,815.73)	(845,815.730000)	1	(845,815.73)	SERIES
3KPGW	4,724.97	0.000000	6	0.00	0.000000	0	0.00	SERIES
4KPGW	16.82	0.000000	1	0.00	0.000000	48	0.00	SERIES
IVTINX	43,781.48	3,294.774742	427	(3,465.43)	(263.219371)	117	(3,550.33)	SERIES
IVTWNX	310,137.51	11,431.137408	1041	(261,964.38)	(9,578.233300)	361	(278,481.50)	SERIES
IVTTVX	179,897.64	9,407.961554	521	(185,202.40)	(9,875.355534)	229	(187,863.09)	SERIES
IVTHRX	428,465.48	11,257.423122	923	(498,086.64)	(13,181.549606)	468	(477,166.28)	SERIES
IVTTHX	545,852.36	22,761.285927	575	(112,704.62)	(4,808.807982)	204	(108,683.80)	SERIES
IVFORX	801,038.08	18,732.140703	1610	(210,000.48)	(5,027.119515)	579	(196,830.38)	SERIES
IVTIVX	169,768.26	5,876.722646	545	(53,300.82)	(1,947.237906)	197	(51,124.92)	SERIES
IVFIFX	222,236.69	4,572.682764	814	(25,499.34)	(520.799148)	186	(22,643.57)	SERIES
IVFFVX	28,602.03	534.290160	351	(262.11)	(4.881194)	98	(235.70)	SERIES
IVTTSX	204,945.17	4,053.083375	750	(13,496.69)	(264.009596)	213	(12,756.38)	SERIES
IVLXXV	153,430.62	4,663.184539	774	(88,849.94)	(2,654.273197)	271	(79,040.72)	SERIES
IVSVNX	7,034.06	269.361629	61	(839.62)	(30.387959)	11	(778.48)	SERIES
IDFEMX	6,548.84	226.579354	192	(1,221.71)	(43.446475)	87	(1,310.40)	SERIES
IVTIAX	4,062.73	2,323.745651	564	(57,960.14)	(2,907.705125)	271	(51,810.85)	SERIES
IDFGEX	36,182.38	3,593.175086	228	(14.32)	(0.435603)	84	(13.26)	SERIES
IVSMAX	252,777.29	2,243.614543	944	(76,940.16)	(33,802.50)	195	(33,368.79)	SERIES
IVIMAX	79,139.71	256.855972	933	(66,104.64)	(740.802374)	365	(64,276.40)	SERIES
IOIEJX	258,778.61	10,533.260084	1476	(61,245.15)	(219.062477)	307	(51,267.41)	SERIES
IVJGMX	273,293.02	3,626.691832	1279	(114,852.47)	(2,492.666972)	352	(50,230.87)	SERIES
IVFIAX	602,729.88	1,264.388198	1059	(126,650.51)	(1,520.220235)	529	(89,963.88)	SERIES
IDOXIX	63,869.41	5,101.584370	597	(65,296.46)	(243.566673)	366	(95,214.44)	SERIES
IVAIPIX	17,495.91	1,991.570694	382	(31,343.75)	(3,542.276482)	205	(32,389.24)	SERIES
IVBTLX	27,415.10	210.490641	76	(158.07)	(6.911210)	63	(179.46)	SERIES
IDGCXX	846,301.16	2,860.592759	608	(35,443.46)	(3,669.545157)	234	(36,556.49)	SERIES
IKPGW	327,732.25	0.000000	187	(846,301.16)	(846,301.160000)	86	(846,301.16)	SERIES
				(172,033.23)	0.000000	239	(172,033.23)	SERIES

LEGEND

INVESTMENT OPTION:

2DGCXX	Dreyfus Government Cash Mgmt Instl
4KPGW	Key Guaranteed Portfolio Fund
IVTWNX	Vanguard Target Retirement 2020 Inv
IVTHRX	Vanguard Target Retirement 2030 Inv
IVFORX	Vanguard Target Retirement 2040 Inv
IVFIFX	Vanguard Target Retirement 2050 Inv
IVTTSX	Vanguard Target Retirement 2060 Inv
IVSVNX	Vanguard Target Retirement 2070 Inv
IIHOVX	Hartford International Opportunities R6
IDFGEX	DFA Global Real Estate Securities Port
IVIMAX	Vanguard Mfid Cap Index Fund - Admiral
IVJGMX	JPMorgan Large Cap Growth R6
IDOXIX	Dodge & Cox Income X
IVAIPIX	Vanguard Inflation-Protected Sees Adm
IDGCXX	Dreyfus Government Cash Mgmt Instl
3KPGW	Key Guaranteed Portfolio Fund
IVTINX	Vanguard Target Retirement Income Inv
IVTTVX	Vanguard Target Retirement 2025 Inv
IVTTHX	Vanguard Target Retirement 2035 Inv
IVTIVX	Vanguard Target Retirement 2045 Inv
IVFFVX	Vanguard Target Retirement 2055 Inv
IVLXXV	Vanguard Target Retirement 2065 Inv
IDFEMX	DFA Emerging Markets I
IVTIAX	Vanguard Total Intl Stock Index Admiral
IVSMAX	Vanguard Small Cap Index Adm
IOIEJX	JPMorgan Equity Income R6
IVFIAX	Vanguard 500 Index Admiral
IVFIHX	Federated Hermes Instl High Yield Bd IS
IVBTLX	Vanguard Total Bond Market Index Admiral
IKPGW	Key Guaranteed Portfolio Fund